. •		PART I	B - FEE(S)	) TRA	NSMITTAL				
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INSTRUCTIONS: This for appropriate. All further con indicated unless corrected maintenance fee notification	rm should be used for trans respondence including the pelow or directed otherwise	smitting the ISS Patent at vance of Mr Back 1, by (	UE FEE and orders and not (a) specifying	PUBLIC tification a new c	CATION FEE (if requ of maintenance fees correspondence address	nired). Blocks will be mailed ; and/or (b) in	1 through 5 s I to the current adicating a sep	should be completed where correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENC	E ADDRESS (Note: Use Block 1 for 90 05/09/2006			B. NA	Fee(s) Transmittal. The papers. Each additions have its own certificat	al paper, such e of mailing of	annot be used as an assignment transmission.	or domestic mailings of the for any other accompanying ent or formal drawing, must smission g deposited with the United st class mail in an envelope above, or being facsimile	
112 E. PECAN, SU	ER, L.L.P. JITE 2400				addressed to the Mai transmitted to the USF	10 (5/1) 2/3	-2885, on the c	above, or being facsimile late indicated below.  (Depositor's name)	
SAN ANTONIO, T 08/15/2006 RMEBRAH1 00	000013 10721443				Beni (	Viu	<del>2</del>	(Signature)	
)1 FC:1504	300.00 QP				August 8	, 2006		(Date)	
APPLICATION NO.	1400 00 00 FILING DATE		FIRST NAME	D INVEN	TOR	ATTORNEY	DOCKET NO.	CONFIRMATION NO.	
10/721,443	11/24/2003	Bernad H. vanBilder			beek	121947.0010.004		7125	
nonprovisional	SMALL ENTITY YES	ISSUE I		P(	\$300	FEE TOTAL FEE(S) DU		08/09/2006	
EXAMINER		ART UNIT C		LASS-SUBCLASS	1				
GAY, JENNIF	3672			166-379000	J				
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				for printing on the patent front page, list the names of up to 3 registered patent attorneys tagents OR, alternatively, the name of a single firm (having as a member a distered attorney or agent) and the names of up to registered patent attorneys or agents. If no name is ed, no name will be printed.  JACKSON WALKER L.  Mark A. Tidwell,					
	RESIDENCE DATA TO B			•	• • •				
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN.	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NC			he patent. If an assign g an assignment. CITY and STATE OR (		ed below, the d	ocument has been filed for	
Plexus Oc	ean Systems,	Ltd.	Un	ited	l Kingdom				
lease check the appropriate	assignee category or catego	ries (will not be p	rinted on the p	oatent) :	Individual XX C	orperation er e	other private gr	oup entity Government	
Aa. The following fee(s) are  Issue Fee  Description Fee (No s  Advance Order - # of	mall entity discount permitte		-Payment	in the ar	nount of the fee(s) is en it card. Form PTO-2038 ereby authorized by char Number	8 is attached.	ed fee(s), or cre (enclose an extr	edit any overpayment, to ra copy of this form).	
	(from status indicated above	•							
	MALL ENTITY status. See is requested to apply the ssu ublication Fee (librequired) was defined by the Plates Party States Party and States Party Sta				o longer claiming SMA re-apply any previous han the applicant; a reg			FR 1.27(g)(2). ation identified above. the assignee or other party in	
Authorized Signature	III 10	WI	a Office.				, 2006		
Typed or printed name <u>Mark A. Tidwell</u>				_	Registration No. 37, 456				

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FORM  (to be used for all correspondence after initial filing)			10/721,443					
			November 24, 2003					
			Bernard H. vanBilderbeek					
			3672					
			Gay, Jennifer Hawkins					
Total Number of Pages in This Submission 3			121947.0010.004					
ENCLOSURES (check all that apply)								
☐ Drawin	ıg(s)		After Allowance Communication to Group					
Licensi	ing-relate	d Papers	Appeal Communication to Board of Appeals and Interferences					
Amendment / Reply			Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)					
			Proprietary Information					
			Status Letter					
☐ Termin	ıal Disclai	mer	Other Enclosure(s) (please identify below):					
Request for Refund			PTOL-85 Issue Fee Transmittal;					
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Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Mark A JACK 12 E. n Stree Suite 2100, San Antonio, Texas 78205 Individual name Signature Date August 8, 2006

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Typed or printed name	Renee Freider			
Signature	Pemi (	Tura	Date	August 8, 2006

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PTO/SB/17 (12-04v2)
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	Complete if Known								
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/721,4			43		
FEE TRANSMITTAL				Filing Date Noven			mber 24, 2003		
Fo	First Named Inventor Be		Bernard H. vanBilderbeek						
Applicant claims ampli	Examiner Name Ga		Gay, Jenr	Gay, Jennifer Hawkins					
Applicant claims small	Art Unit		3672						
TOTAL AMOUNT OF PAY	Attorney Docket	No.	121947.0010.004						
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account D		-					son Walk	er L.L.P.	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee									
Charge any a	dditional fee	(s) or underpayme	ents of fee	e(s) Credit	any ove	erpayments			
under 37 CFF WARNING: Information on this			lit card info		•		s form. Prov	vide credit card	
information and authorization									
FEE CALCULATION									
1. BASIC FILING, SEAF									
	FILING F	FEES mall Entity	SEAR	CH FEES Small Entity	EXAM	INATION Small E			
<b>Application Type</b>	Fee (\$)	Fee (\$)	Fee (\$)		Fee			Fees Paid (\$)	
Utility	300	150	500	250	200	100	)		
Design	200	100	100	50	130	65	;		
Plant	200	100	300	150	160	80	)		
Reissue	300	150	500	250	600	300	)		
Provisional	200	100	0	0	0	) (	)		
2. EXCESS CLAIM FE	ES			·				mall Entity	
Fee Description							e (\$)	Fee (\$)	
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)							50 200	25 100	
Multiple dependent ca	ues)				360	180			
Total Claims	Extra Clain	ns Fee (\$)	Fee	Paid (\$)		<u>Mu</u>	Itiple Depe	endent Claims	
- 20 or HP =		_ x	_=			Fe	e (\$)	Fee Paid (\$)	
HP = highest number of total Indep. Claims	Extra Clain	ns <u>Fee (\$)</u>	<u>Fee</u>	Paid (\$)					
3 or HP = <b>x =</b> HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
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sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
100 = / 50 = (round up to a whole number) x =									
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)									
Other (e.g., late filing furefulge) ssue fee \$1,400 fublication Fee \$300 1,700.00									
CURMITTED BY									
ignature Registration No. (Attorney/Agent) 37,456 Telephone 713-752-4578							740 750 4570		
ignature	u/	~ ~~	7 (	Attorney/Agent) 3	7,456		, Siopriorie	/13-/52-45/8	

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Name (Print/Type) Mark A. Tidwell